

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10551072	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2		1				52							
3		2				53							
4						54							
5						55							
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44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.			3			TOTAL IND.							
TOTAL DEP.			14			TOTAL DEP.							
TOTAL CLAIMS						TOTAL CLAIMS							